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More than deficit approach: how to develop animated video resources to enhance HIV health literacy of diverse migrant populations in Australia

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Background: Heterosexuals from Sub-Saharan Africa and gay, bisexual, and men who have sex with men from Asia and South America are identified as priority migrant populations due to their experience of inequities in accessing Australian relevant HIV information and services. There is a need to enhance their HIV health literacy; however, most interventions rely on deficit models where the gaps in their knowledge are addressed through a top-down and biomedical-driven educational approach. To shift away from this model, our aim was to develop and distribute animated video resources that highlight the capacities of said communities to reflect on HIV health information on emotional, social, and cultural levels.

Methods: We developed the animated video resources using a series of interviews and focus group discussions with the priority migrant populations. Both data collection methods were conducted by four peer researchers. A script writer also co-facilitated the group discussions to inform the creation of video scenarios and scripts. Additional feedback was sought from community members, and a consortium of academe and industry researchers. Finally, a professional animator converted each scenario into a suit of animated videos.

Results: We produced 6 short animated videos and translated into relevant languages. The videos portrayed thematic conversations within and across the priority migrant populations. Each video unpacked a particular issue that illustrated a specific challenge in accessing, appraising, and applying HIV health information. Issues covered included HIV stigma, language barriers, and how to engage with health providers.

The focus group discussions also highlighted the following themes: 1) Epidemiological and ethnonational-based groupings do not always represent how migrants socially engage with HIV health information; 2) Conversations must achieve a balance between being realistic and aspirational in promoting change in socio-cultural norms that stigmatise sex and HIV; 3) Using educational and government institutional logos and information channels is likely to enhance message credibility; 4) Linguistic exchanges and barriers are negotiated differently depending on contexts.

Conclusions: While this shift of model extensively requires on community knowledge and participation, health promotional resources must consider the relational and contextual aspects of engaging with information to effectively enhance HIV literacy of diverse migrant populations in Australia.

Ethical research declaration: Yes

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